

| 1st Week | Surgery Day | | | | | | |
|-----------------------------|---|--|--|--|--|--|--|
| Besivance / Ocuflox | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| Prolensa / Diclofenac | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| 2nd Week | | | | | | | |
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| 3rd Week | | | | | | | |
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ANTIBIOTIC DROPS



- Besivance
3 X/DAY FOR 1 WEEK
- Ocuflax (Ofloxacin)
4 X/DAY FOR 1 WEEK

STEROIDAL DROPS
(Anti-Inflammatory)

SHAKE BEFORE EVERY USE



- Inveltyx
2 X / DAY FOR 3 WEEKS
- Pred. Acetate 1%
(shake bottle)
4 X / DAY FOR 3 WEEKS

NON-STEROIDAL DROPS
(Anti-Inflammatory)

- Prolensa
1 X / DAY for 3 WEEKS
- Diclofenac
4 X / DAY FOR 3 WEEKS

PRESSURE DROPS



- Timoptic .5%
2 X / DAY FOR 1 WEEK

PRESSURE MEDS



- Diamox 250mg
4 X / DAY FOR 3 DAYS

PRESERVATIVE FREE
ARTIFICIAL TEARS



Optase, Blink, Systane, or Refresh

As needed for dryness and irritation.

**See drop schedule grid on reverse side. Eye drops may sting or burn upon instillation.

Wait 5 minutes between drops. Use drops during waking hours only. Do not rub or touch your eye!

AFTER YOUR SURGERY:

- Mild discomfort, tearing, aches and/or pains are normal and expected after surgery. If you have severe pain not relieved by Tylenol, please call our office immediately.
- Wear eye goggles/shield when sleeping for the first week.
- You may take a shower and wash your hair but be careful not to get soap in your eye.
- It is normal for vision to be blurry right after surgery. Because of this your vision may not be adequate to drive. Your vision will gradually improve over time.
- You may return to work and/or drive when you are confident with your vision and your comfort allows.
- **If you notice increasing pain or a decrease in vision, please call our office immediately!**

- Avoid bending/inversions, and heavy lifting for the first month following surgery. Please stay away from areas with excessive dirt and dust following surgery. Wear sun or safety glasses to protect your eyes at all times.
- No eye makeup for 1 week
- Please allow flexibility in your schedule following the surgery, as we may need to see you frequently during your recovery process
- Only use the eye drops prescribed immediately after surgery.

Please bring eye drops with you to eye exams.